

**Research proposal title:** Personalising Hypertension Management: Exploring Pathophysiology and Targeted Treatment of Low-Renin Hypertension

**Institution:** Centre of Endocrinology and Reproductive Health, Hudson Institute of Medical Research, 27-31 Wright St, Clayton VIC 3168 Australia

**Rationale:** Hypertension affects **6.8 million Australian** adults and remains **poorly controlled**: only 32% reach target blood pressure, leaving many people at elevated risk of heart attack, stroke, kidney failure, and premature death. The financial burden is estimated at **\$14.3 billion annually**.

Guidelines now recommend screening all hypertensive patients for primary aldosteronism, a common endocrine cause of hypertension marked by suppressed renin (1,2). Wider testing has revealed that about **one in four treatment-naïve hypertensive patients in Australian primary care have low-renin hypertension (LRH)** without meeting criteria for primary aldosteronism (3). Low renin concentration is a possible biomarker of a distinctive pathophysiology characterised by sodium and water retention, and is associated with incident hypertension, higher cardiovascular risk, and a differential response to mineralocorticoid receptor antagonists (MRA) (4-16). However, at present, hypertension guidelines do not advise tailoring antihypertensive choice by renin status due to conflicting data on the underlying pathophysiology and optimal treatment in LRH (17-18).

**Research aims and hypothesis:** We aim to address this gap and to **1) characterise individuals with LRH** using steroid profiles and **2) determine whether MRA is superior to standard antihypertensive therapy** for blood pressure control, organ-mediated damage, and quality of life in people with LRH, and to evaluate the tolerability and safety of MRA therapy and identify clinical and biochemical predictors of response to guide personalised treatment. **The first aim will be achieved in 2026, for which funding is being sought, and will be described in more detail in this research proposal.**

We hypothesise that there will be an inverse correlation between plasma renin and sodium excretion, steroid profile (mineralocorticoids), severity of blood pressure and end-organ damage, and response to MRA.

**Expected Impact:** REMASTER is positioned to fill an evidence gap by characterising individuals with LRH with emerging steroid profiles and to determine whether renin-guided use of MRAs improves blood pressure control and reduces organ damage in LRH. Positive results would support a **shift from uniform antihypertensive prescribing to precision treatment guided by renin, improving outcomes for a large and currently undertreated subgroup of people with hypertension.**

#### **Study Design Overview:**

*Trial name:* REMASTER (registered with ANZCT).

*Design:* Randomised, active-controlled, open-label, titration-to-effect, single-blind trial with 12 months follow-up. Full protocol published in the *Journal of Human Hypertension* (<https://doi.org/10.1038/s41371-024-00931-4>) (19).

*Population:* Adults with hypertension on 0–2 antihypertensives and plasma renin <10 mU/L.

## ESA Ken Wynne Memorial Postdoctoral Research Award application Sonali S Shah

*Key exclusions:* BP >180/120 mmHg; medications affecting renin or aldosterone; pregnancy or women of childbearing potential not using effective contraception; uncontrolled diabetes HbA1C >7.5%; CKD eGFR <45 mL/min/1.73 m<sup>2</sup>; established cardiovascular disease; known secondary hypertension, including primary aldosteronism; hypersensitivity to trial drugs.

Eligible participants on treatment undergo a 2–4 week washout before 1:1 randomisation to either standard care (perindopril ± amlodipine) or spironolactone using block randomisation.

**Baseline outcome measures: Baseline data (to be analysed in 2026):** Clinical characteristics, blood pressure assessment (mean seated office blood pressure and 24-hour ABPM), metabolic (biochemistry and anthropometrics), steroid profiles, saline suppression test (LCMS vs. IA), 24-hour urine electrolytes and aldosterone, inflammatory markers, and markers of hypertension-mediated organ damage (BNP, 24-hour urine albumin, left ventricular mass, diastolic function (E:e') and global longitudinal strain by echocardiography, and EndoPAT endothelial assessment) will be assessed. These measures are repeated at the study end and will be analysed at a later date.

### Sample Size and Statistical Analysis:

*Sample size:* Target 100 participants total. Calculations based on two trial primary endpoints, 90% power, Bonferroni-corrected alpha 0.025, and 20% attrition. Estimates derive from prior LRH trials and assume a clinically meaningful SBP reduction and a large effect for the difference in the defined daily dose of antihypertensives (10).

*Statistical plan for baseline data:* For analysis of the baseline data, ANOVA, Kruskal-Wallis, chi-squared test, and linear regression modelling (with log transformations) will be used. Significance threshold p <0.05.

### Feasibility and Timeline:

*Setting:* Embedded in an Endocrine Hypertension Clinic with routine referral pathways to ensure real-world applicability.

*Ethics:* Approved by Monash Health. Recruitment started in June 2022, and it is anticipated that recruitment will be completed in Q1 2026. To date, baseline data from 74 participants randomised have been collected.

### Timeline

Milestones	Date
Human Research Ethics Committee (HREC) yearly progress report	April 2026
Complete recruitment n=100	April 2026
Data Safety Management Board meetings	April and October 2026
Complete baseline data analysis and interpretation	October 2026
Prepare abstracts for US ENDO 2027 and manuscript	January 2027

### Budget

Funding and amount	Date	Itemised budget
ESA Ken Wynne Memorial Postdoctoral Award - \$40,000	2026	Salary support \$35,000 ENDO 2027 \$5000

## References

1. Adler GK, Stowasser M, Correa RR, Khan N, Kline G, McGowan MJ, Mulatero P, Murad MH, Touyz RM, Vaidya A, et al. Primary Aldosteronism: An Endocrine Society Clinical Practice Guideline. *The Journal of clinical endocrinology and metabolism*. 2025. doi: 10.1210/clinem/dgaf284
2. McEvoy JW, McCarthy CP, Bruno RM, Brouwers S, Canavan MD, Ceconi C, Christodorescu RM, Daskalopoulou SS, Ferro CJ, Gerds E, et al. 2024 ESC Guidelines for the management of elevated blood pressure and hypertension. *European Heart Journal*. 2024;45:3912-4018. doi: 10.1093/eurheartj/ehae178
3. Shah SS et al. Prevalence and Characteristics of Low-renin hypertension in a Primary Care Population. *JES*. 2024;8:bvae113.
4. Shah SS et al. Efficacy and safety of mineralocorticoid receptor antagonists for the treatment of low-renin hypertension: a systematic review and meta-analysis. *J Hum Hypertens*. 2024;38:383-392.
5. Monticone S et al. Prevalence and Clinical Manifestations of Primary Aldosteronism Encountered in Primary Care Practice. *JACC*. 2017;69:1811-1820.
6. Brown JM et al. The Unrecognized Prevalence of Primary Aldosteronism: A Cross-sectional Study. *Ann Intern Med*. 2020;173:10-20.
7. Hu J et al. Heightened Cardiovascular Risk in Hypertension Associated With Renin-Independent Aldosteronism Versus Renin-Dependent Aldosteronism: A Collaborative Study. *JAHA*. 2021;10:e023082.
8. Puar TH et al. Treatment of Primary Aldosteronism and Reversal of Renin Suppression Improves Left Ventricular Systolic Function. *Front Endocrinol (Lausanne)*. 2022;13:916744.
9. Hundemer GL et al. Cardiometabolic outcomes and mortality in medically treated primary aldosteronism: a retrospective cohort study. *The Lancet Diabetes & Endocrinology*. 2018;6:51-59.
10. Weinberger MH et al. Effects of eplerenone versus losartan in patients with LRH. *AHJ*. 2005;150:426-433.
11. Egan BM et al. Plasma Renin test-guided drug treatment algorithm for correcting patients with treated but uncontrolled hypertension: a randomized controlled trial. *AJH*. 2009;22:792-801.
12. Ori Y et al. Regression of left ventricular hypertrophy in patients with primary aldosteronism/LRH on low-dose spironolactone. *Nephrology, dialysis, transplantation: official publication of the European Dialysis and Transplant Association - European Renal Association*. 2013;28:1787-1793.
13. Duffy Stephen J et al. LRH With Relative Aldosterone Excess Is Associated With Impaired NO-mediated vasodilation. *Hypertension*. 2005;46:707-713.
14. Kishimoto S et al. Eplerenone improves endothelial function and arterial stiffness and inhibits Rho-associated kinase activity in patients with idiopathic hyperaldosteronism: a pilot study. *J Hypertens*. 2019;37:1083-1095.
15. Nishizaka MK et al. Impaired endothelium-dependent flow-mediated vasodilation in hypertensive subjects with hyperaldosteronism. *Circulation*. 2004;109:2857-2861.
16. Williams B et al. Endocrine and haemodynamic changes in resistant hypertension, and blood pressure responses to spironolactone or amiloride: the PATHWAY-2 mechanisms substudies. *The Lancet Diabetes & Endocrinology*. 2018;6:464-475.

17. Whelton PK et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Circulation*. 2018;138:e484-e594.
18. Gabb GM et al. Guideline for the diagnosis and management of hypertension in adults - 2016. *MJA*. 2016;205:85-89.
19. Shah SS, et al. A Randomized trial assessing Efficacy and safety of Mineralocorticoid receptor Antagonist therapy compared to Standard antihypertensive Therapy in hypertension with low Renin (REMASTER): rationale and study design. *J Hum Hypertens*. 2024. doi: 10.1038/s41371-024-00931-4



## Sonali Shah CV

<b>Career Objective</b>	<p><b>To establish a clinical and academic career in Diabetes and Endocrinology as a clinician-researcher.</b></p> <p>I have eight years of experience working in various Diabetes clinics at Monash Health and supervising junior medical staff. I have developed a strong understanding of managing diabetes in complex biopsychosocial situations within a collaborative, multidisciplinary team. I am eager to continue improving patient-centred care.</p>	
<b>Educational Qualification</b>	<p><b>PhD in progress (low-renin hypertension) 2022-</b>  <b>CERH, Hudson Institute of Medical Research, Monash University</b></p> <p><b>Fellowship of the Royal Australian College of Physicians 2012-2017</b></p> <p><b>Bachelor of Medicine, Bachelor of Surgery (Hons) 2008-2010</b>                  Royal Melbourne Hospital, University of Melbourne</p> <p><b>Certificate of Completion of Phase I MBBS (Dean’s list) 2005-2007</b>                  International Medical University, Malaysia</p>	
<b>Employment history</b>	<p><b>Endocrinologist, Monash Health 2019-</b></p> <p><b>Diabetes and Women’s Health Fellow, Monash Health 2018</b></p>	
<b>Research experience</b>	<p><b>Principal investigator and trial co-ordinator for REMASTER trial 2022-</b></p> <p><b>Data Safety Management Board lead for REMASTER trial 2022-</b></p> <p><b>Human Research Ethics Committee B member, Monash Health 2024-</b></p> <p><b>Reviewer for EC, Hypertension, JCEM and EOID 2024-</b></p> <p><b>ANZACT master class series 2024</b></p> <p><b>BIHS annual scientific meeting abstract reviewer 2024</b></p> <p><b>Introduction to Biostatistics course, Monash University 2023</b></p> <p><b>Good Clinical Practice Certification 2022</b></p>	
<b>Publications</b>	<p>I have published 21 peer-reviewed articles, with 9 as a first author, and 12 as part of international and national collaborations, and 2 medical educational articles.</p> <ol style="list-style-type: none"> <li><b>1. Update on Low-Renin Hypertension: Current Understanding and Future Direction. <u>Shah SS</u>, Fuller PJ, Young MJ, Yang J. Hypertension. 2024</b></li> <li><b>2. A Randomized trial assessing Efficacy and safety of Mineralocorticoid receptor Antagonist therapy compared to Standard antihypertensive Therapy in hypErtension with low Renin (REMASTER): rationale and study design. <u>Shah SS</u>, Gwini SM, Stowasser M, et al. J Hum Hypertens. 2024.</b>                      Cited as reference for 2025 Endocrine Society Primary Aldosteronism guidelines</li> <li><b>3. Low renin hypertension – How To Treat, AusDoc article. <u>Shah S</u>, Fuller P, Yang J. <a href="https://www.ausdoc.com.au/how-to-treat/low-renin-hypertension/">https://www.ausdoc.com.au/how-to-treat/low-renin-hypertension/</a></b></li> <li><b>4. Prevalence and characteristics of low-renin hypertension in a primary care population. <u>Shah SS</u>, Libianto R, Gwini SM et al. JES. 2024.</b>                      Selected as the JES Featured Article - August 2024, the US Endocrine Society new issue alert – August 2024 and feature in The Limbic June 2024.</li> <li><b>5. Response to Letter to the Editor from Spence: [Prevalence and Characteristics of Low-renin Hypertension in a Primary Care Population].</b></li> </ol>	

Shah SS, Libianto R, Gwini SM et al. JES. 2024.

6. Challenges in diagnosing and managing the spectrum of primary aldosteronism. Yang J, McCarthy J, Shah SS et al. JES. 2024.
7. Efficacy and safety of mineralocorticoid receptor antagonists for the treatment of low-renin hypertension: a systematic review and meta-analysis. Shah SS, Zhang J, Gwini SM, et al. J Hum Hypertens. 2024.
8. Bacterial Patterns and Empiric Antibiotic Use in COPD Patients With Community-Acquired Pneumonia. Arch Bronconeumol. 2023. Part of the GLIMP consortium.
9. Aspiration Risk Factors, Microbiology, and Empiric Antibiotics for Patients Hospitalized With Community-Acquired Pneumonia. Chest. 2021. Part of the GLIMP consortium.
10. Bacterial etiology of community-acquired pneumonia in immunocompetent hospitalized patients and appropriateness of empirical treatment recommendations: an international point-prevalence study. Eur J Clin Microbiol Infect Dis. 2020. Part of the GLIMP consortium.
11. Prevalence and risk factors for Enterobacteriaceae in patients hospitalized with community-acquired pneumonia. Respirology. 2020. Part of the GLIMP consortium.
12. SGLT2 Inhibitors Increase the Risk of Diabetic Ketoacidosis developing in the Community and During Hospital Admission. Hamblin P.S., Wong R, Ekinci E, Furlanos S, Shah S et al. Clin Endocrinol Metab. 2019.
13. An international perspective on hospitalized patients with viral community-acquired pneumonia. Eur J Intern Med. 2019. Part of the GLIMP consortium.
14. Prevalence and Etiology of Community-acquired Pneumonia in Immunocompromised Patients. Clin Infect Dis. 2019. Part of the GLIMP consortium.
15. International prevalence and risk factors evaluation for drug-resistant Streptococcus pneumoniae pneumonia. J Infect. 2019. Part of the GLIMP consortium.
16. Microbiological testing of adults hospitalised with community-acquired pneumonia: an international study. ERJ Open Res. 2018. Part of the GLIMP consortium.
17. Review of cross-sex hormones and acute cardiovascular events in transgender persons. Watts A and Shah S.  
<https://www.healthymale.org.au/research-reviews/cross-sex-hormones-and-acute-cardiovascular-events-transgender-persons>
18. Care of the adult women with Turner syndrome. Shah S, Nguyen H. H. and Vincent A. J. Climacteric. 2018 Oct.
19. Rapid onset Diabetic Ketoacidosis secondary to Nivolumab. Lee S, Morgan A, Shah S et al. Endocrinol Diabetes Metab Case Rep. 2018.
20. A 25-hydroxy-vitamin D level in search of bone disease. Shah S, Chiang C, Lu Z et al. JCEM. 2017.
21. A rare cause of hypertension in pregnancy: Pheochromocytoma. Shah S, Crosthwaite A, Robinson A et al. Obstet Med. 2017.
22. Global initiative for methicillin-resistant Staphylococcus aureus pneumonia (GLIMP): an international, observational cohort study. Lancet Infectious Diseases. 2016. Part of the GLIMP consortium.
23. Risedronate as an intra-abdominal sepsis mimic: a case report. Shah S, Jeremiah C, Johnson D, Baker S. Arch Osteoporosis. 2015.

Prizes and Awards

Hypertension Australia oral presentation finalist, 2025  
ASCEPT and Hypertension Australia ASM, Adelaide, Australia  
Hypertension Australia travel grant, \$200, 2025

**ASCEPT and Hypertension Australia ASM, Adelaide, Australia**  
**Endocrine Society Australia travel grant, \$1000, 2025**  
**ESA Annual Scientific Meeting, Perth, Australia**  
**PACE Capacity Building Award, \$3500, 2025**  
US ENDO 2025, San Francisco, USA  
**US ENDO 2025 conference registration (invited speaker), ~\$1500**  
**A5 Travel Award Recipient, USD \$500, 2025**  
**Adrenal Alliance Symposia, San Francisco, USA**  
**SICEM Travel Award, USD \$600, 2025**  
**Korean Endocrine Society, Seoul, Korea**  
**Endocrine Society Australia travel grant, \$350, 2024**  
**ESA Annual Scientific Meeting, Adelaide, Australia**  
**Primary Aldosteronism Symposium Travel Award, \$500, 2024**  
**PACE symposium, Adelaide, Australia**  
**Endocrine Society Australia travel grant, \$450, 2023**  
**ESA Annual Scientific Meeting, Brisbane, Australia**  
**Early Career Research bursary for conference registration, ~\$450, 2023**  
British and Irish Hypertension Society, Aberdeen, Scotland  
**NHMRC Postgraduate Scholarship, 2022-2025**  
**European Society of Endocrinology poster prize winner, 2016**  
European Congress of Endocrinology, Munich, Germany  
**ESA Bryan Hudson Clinical Endocrinology Award finalist, 2015**  
**ESA Annual Scientific Meeting, Adelaide, Australia**

**Presentation Exploring the role of steroid profiling in understanding the pathophysiology of hypertension**  
Finalist for oral presentation, ASCEPT and Hypertension Australia Joint Scientific Meeting, Adelaide December 2025  
**Clues to the underlying pathophysiology of low-renin hypertension using steroid profiling**  
Oral presentation, ESA Annual Scientific Meeting, Perth October 2025  
**Low-renin hypertension: is a revival needed**  
Invited speaker, 2025 US ENDO, San Francisco, USA, 2025  
**Low-renin hypertension, a by-product of increased screening for primary aldosteronism?**  
Moderated poster presentation, IAC, San Francisco, USA, 2025 and ESA ASM, Perth October 2025  
**The prevalence of low-renin hypertension: A systematic review and meta-analysis**  
Poster, SICEM 2025 and ESA ASM, Perth October 2025  
**An update on low-renin hypertension**  
Invited speaker, 2025 Winter School in Arterial Hypertension, PhD Program in Arterial Hypertension and Vascular Biology, University of Padua, Bozen, March 2025  
**Prevalence of low-renin in the general population and relationship to blood pressure and cardiovascular disease**  
Poster, ESA ASM, Adelaide, SA, 2024  
**Prevalence and characteristics of low-renin hypertension in a treatment-naive primary care population**  
Oral presentation, BIHS ASM, Aberdeen, Scotland, 2023 and ESA ASM, Brisbane, Queensland, 2023  
**A systematic review and meta-analysis of efficacy and safety of mineralocorticoid receptor antagonist for the treatment of low-renin hypertension**

## ESA Ken Wynne Memorial Postdoctoral Research Award application Sonali S Shah

Moderated poster presentation, BIHS ASM, Aberdeen, Scotland, 2023 and  
ESA ASM, Brisbane, Queensland, 2023

**Acquired osteosclerosis secondary to signet ring cell carcinoma  
Poster, ESA ASM, Brisbane, Queensland, 2023**

**SGLT2 inhibitor associated Diabetic ketoacidosis**

Invited speaker at Grand round, Monash Health, 2018

**A 25-hydroxy-vitamin D level in search of bone disease**

**European Congress of Endocrinology, Munich, Germany, 2016**

**The mythology of vitamin D deficiency and insufficiency**

Bryan Hudson Clinical Endocrinology Award finalist presentation, ESA  
ASM, Adelaide, SA and oral poster presentation at ASBMR Fellows Forum,  
Seattle, USA, 2015

### Community work

**ASCEPT and Hypertension Australia Joint Scientific Meeting ECR  
workshop organising committee, 2025**

**Hypertension Australia, Mentor-mentee program lead, 2025**

**Hypertension Australia, ECR committee member, 2025**

**Successful application to update the WHO DDD index for  
spironolactone, 2025**

**CAMMunity committee member, Physician and Molecular and  
Translational Sciences representative, 2024**

**Hudson Student Retreat organising committee and chair for the  
research group head panel Q and A session, 2024**

**Early Careers Research representative and organiser of PhD-ECR  
mentoring program, Hudson Institute of Students Society, 2023**

**Hudson Scientific Review panel: CEM PhD student clinical research  
representative, 2022**

**Endocrine Society Australia Sustainability group member, ESA 2023-  
Women in Endocrinology (WOMENDO) special interest group  
member, ESA, 2023-**

### Education and teaching

**Co-supervisor of Scholarly Intensive Placement student projects 2025  
Supervision and mentoring of medical students and junior doctors in  
systematic review skills and clinic audit, 2022- ongoing**

**Diabetes Technology Workshop, Australian Diabetes Society, 2023**

**Supervision and mentoring of junior doctors in inpatient and the  
outpatient setting, Diabetes Department, Monash Health, 2019 -  
ongoing**

**Review of diabetes and women's health hospital protocols, Quality  
and Safety committee, Diabetes Department, Monash Health,  
2018**

**Implementation of SGLT2 inhibitor patient information sheet, Quality  
and Safety committee, Diabetes Department, Monash Health, 2018**

### Current professional membership

**Monash Health Senior Medical Staff Association, 2024-**

**International Society of Hypertension, 2023-**

**Hypertension Australia, 2023-**

**European Society of Hypertension, 2023-**

**The British and Irish Hypertension Society, 2023**

**ANZACT network, 2022-**

**Australian Diabetes Society, 2020-**

**ANZBMS, 2020-**

**Endocrine Society of Australia, 2015-**

**Endocrine Society, USA, 2015-**

**Royal Australian College of Physicians, 2012**



JENNIFER MCCOY JP  
C/O HONORARY JUSTICE OFFICE  
18/121 EXHIBITION STREET  
MELBOURNE 3001  
JUSTICE OF THE PEACE FOR VICTORIA  
REG. NO 12129

This is to certify that

I certify that this document is a true copy of the original  
having been sighted by me this day 25/10/2021

Sonali Shah

has this day been admitted as a

FELLOW

of

The Royal Australasian College of Physicians

Adult Medicine Division

By authority of the Board, on this 5<sup>th</sup> day of December 2017



C. E. Yelland PRESIDENT

PRESIDENT  
ADULT MEDICINE DIVISION

DEAN

Fellow No. 38630

Note: This testamur does not confer, or purport to confer, upon any person the right to practise as a medical practitioner in any capacity. It is merely a certificate granted on an examination by the College or upon other qualifications prescribed by the Constitution or By-laws for the time being in force, and does not take effect under any statutory or public power.

Professor Peter Fuller AM, MBBS, BMedSci, PhD, FRACP  
Head, Centre for Endocrinology and Reproductive Health  
Director, Endocrinology Unit, Monash Health  
Email: [peter.fuller@hudson.org.au](mailto:peter.fuller@hudson.org.au)

15 October 2025

Ms Ivone Johnson  
Secretariat, Endocrine Society of Australia  
145 Macquarie Street, Sydney, NSW 2000

Dear Ivone

**Re: The ESA Ken Wynne Memorial Postdoctoral Research Award – Dr Sonali Shah**

It is a pleasure to write in support of Dr. Sonali Shah's application for the Ken Wynne Memorial Postdoctoral Research Award, both in my role as Head of the Centre for Endocrinology and Reproductive Health at the Hudson Institute and as Director of Endocrinology at Monash Health. I had the pleasure of working with Dr Ken Wynne both at Prince Henry's Hospital and at the Alfred Hospital in the early 1980s. He was an outstanding steroid chemist, and at the time, he collaborated with my mentors, John Funder and the late Jim Stockigt. With its focus on the mineralocorticoid hypertension, this proposal therefore very clearly sits within the remit of this Award: "the metabolic regulation of human endocrine disorders".

My association with Sonali started in 2017 when she was our Endocrinology Registrar. In 2022, she commenced studies toward her PhD with Associate Professor Jun Yang, Professor Morag Young, and me. Sonali is completing an outstanding PhD, which is close to submission. Her work on low-renin hypertension is an important corollary to the recognition of primary aldosteronism as a common cause of hypertension and increased measurement of renin levels. The problem of low-renin hypertension would have been familiar to Ken Wynne and John Funder in the late 1970's but the advent of potent antihypertensives saw interest wane. Sonali has almost single-handedly put low-renin hypertension "back on the table". Her publications have led to invitations to speak in invited symposia at both national and international meetings.

The Hudson Institute and, indeed, Monash Health (Victoria's largest health service) are the appropriate clinical research environment with access to critical collaborators and excellent guidance from her mentor, Associate Jun Yang, who is an absolute world expert in this area. Both she and her mentor have an established network of collaborators nationally and internationally who will support this work.

Sonali has access rights to all facilities in the Institute. Our new Translational Research Facility (TRF) co-locates researchers, clinicians, and technology platforms to promote translation of research findings into tangible clinical outcomes, alongside our Monash Health Translation Precinct (MHTP) partners, Monash Health and Monash University. The TRF houses a dedicated clinical trials floor and platform technology floor, and provides access to cutting-edge medical genomics, bioinformatics, proteomics, cell therapies, histology, biobanking, and imaging facilities. The researchers at the Hudson Institute are also supported by a team of administrative and technical staff who provide financial, commercialisation, grants administration, human resources, communication, and laboratory and

technical support. This supportive environment, in addition to the Institute's strategic linkages with Monash Health, Monash University, and the broader research community, will provide Sonali with every resource required for the successful execution of this exciting project.

Finally, I think it is important to reflect on her achievements against opportunity and to note that she spent a couple of years in clinical practice after completing her RACP before returning to the Hudson to undertake a PhD. Awards such as this one are absolutely essential if she is to be transitioned through what might be a relatively part-time period of her career to full research potential. If such a strategy is not adopted, she will be lost to academic endocrinology. There is no shortage of clinical work, and this will totally soak up her time if academic opportunities and support are not provided. Unfortunately, it will come as no surprise to the Members of the Assessment Committee that the ability to find research support within the hospital service budget is minimal to non-existent, and the University is next to useless, and unfortunately, the Institute, although an extraordinary environment, has very limited discretionary funding that makes support such as this difficult to garner.

In conclusion, I see this Award as a critically important investment in the future, not only for Dr Shah's career and arguably for her host institution, but most significantly for the discipline of endocrinology in Australia. To lose her to full-time clinical practice would be a tragedy.

Please do not hesitate to contact me if you require any further information.

Yours sincerely

A handwritten signature in black ink, appearing to read 'P. Fuller', written in a cursive style.

Peter Fuller



Dr Moe Thuzar  
MBBS, FRCP UK, FRACP, PhD  
Senior Staff Specialist, Endocrinology & Diabetes,  
Princess Alexandra Hospital  
Senior Research Fellow, Faculty of Medicine, The University of QLD  
Email: m.thuzar@uq.edu.au

THE UNIVERSITY OF QUEENSLAND FRAZER INSTITUTE  
PRINCESS ALEXANDRA HOSPITAL  
IPSWICH ROAD, WOOLLOONGABBA  
BRISBANE 4102, AUSTRALIA

25 October 2025

Endocrine Society of Australia  
c/o Ms Ivone Johnson  
Secretariat, Endocrine Society of Australia  
145 Macquarie Street, Sydney, NSW 2000

Dear Selection Committee,

**Re: The ESA Ken Wynne Memorial Postdoctoral Research Award Application – Dr Sonali Shah**

I write in support of Dr Sonali Shah's application for the ESA Ken Wynne Memorial Postdoctoral Research Award.

My association with Dr Shah stems from our shared interest in endocrine hypertension, particularly dysregulation of the renin-angiotensin-aldosterone system.

Dr Shah is an Endocrinologist at Monash Health, completing her PhD investigating the prevalence, pathophysiology and optimal management of low-renin hypertension, a common but under-recognised condition.

She has published a number of peer-reviewed research papers in the field reporting prevalence and characteristics of low-renin hypertension in a primary care population, and a systematic review on efficacy and safety of mineralocorticoid receptor antagonists for the treatment of low-renin hypertension.

She is also an active member of the Endocrine and Hypertension Societies, delivering talks at multiple national and international conferences including an invited talk at the 2025 US Endocrine Society Conference, and serving as a peer reviewer for Society journals.

Her postdoctoral proposal entitled "Personalising Hypertension Management: Exploring Pathophysiology and Targeted Treatment of Low-Renin Hypertension" has the potential to significantly advance the understanding and change the clinical practice in the field.

In my opinion, Dr Shah and her proposal are very well-deserving for the ESA Ken Wynne Memorial Postdoctoral Award.

Best regards,

A handwritten signature in black ink, appearing to read "Moe Thuzar", written in a cursive style.

Dr Moe Thuzar

29 March 2022

Dr Sonali Shah  
Hudson Institute of Medical Research  
Centre for Endocrinology and Metabolism  
27- 31 Wright Street  
Clayton VIC 3168

Dear Researcher,

**Study Title: A randomised, single-blinded, active-controlled, titration-to-effect trial comparing efficacy and safety of mineralocorticoid receptor antagonist therapy to standard antihypertensive treatment for hypertension with low renin (REMASTER)**

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**ERM Reference Number: 82052**

**Monash Health Reference: RES-22-0000-044A**

**Protocol: version 2, dated 23 February 2022**

The Monash Health HREC reviewed the above application at the meeting held on 03 February 2022. In addition, the HREC is satisfied that the responses to our correspondence of 09 February 2022 have been sufficiently addressed.

The HREC approved the above application on the basis of the information provided in the application form, protocol and supporting documentation.

This reviewing HREC is accredited by the Victorian Department of Jobs, Precincts and Regions, Victoria under the National Mutual Acceptance, single ethical review system.

### **Approval**

The HREC approval is from 29 March 2022.

Approval is given in accordance with the research conforming to the *National Health and Medical Research Council Act 1992* and the *National Statement on Ethical Conduct in Human Research (2018)*. The HREC has ethically approved this research according to the Memorandum of Understanding between the Victorian Department of Health and Human Services and the participating organisations conducting the research.

Approval is given for this research project to be conducted at the following sites and campuses:

- Monash Health, VIC